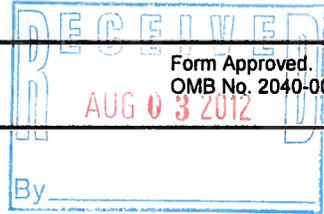


AUG 20 2012



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)



Form Approved  
OMB No. 2040-0004

Reason(s) for Submission (Check all that apply):

- Submitting monitoring data (Fill in all Sections).
- Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).
- Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).
- Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).
- Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: **MAR05D170**

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: **SAFETY-KLEEN SYSTEMS, INC.**

2. Facility Location:

a. Street: **50A BRIGHAM ST.**

b. City: **MARLBOROUGH**

c. State: **MA** d. Zip Code: **01752**

3. Additional Facility Information (Optional):

Contact Name: **DONALD A. SMITH, P.E.** Email: **donald.smith@safety-kleen.com**

Phone: **508-481-3116** Ext.

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: **KRISTINE BAKER, P.E.**

Organization: **FUSS & O'NEILL, INC.**

Email: **KBAKER@FANDO.COM**

Phone: **413-452-0445** Ext. **4436**

C. Discharge Information

1. Identify monitoring period:

Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

Quarter 1 (April 1 – June 30)  Quarter 1: From  /  To  /

Quarter 2 (July 1 – September 30)  Quarter 2: From **07** / **01** To **09** / **30**

Quarter 3 (October 1 – December 31)  Quarter 3: From  /  To  /

Quarter 4 (January 1 – March 31)  Quarter 4: From  /  To  /

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc?  Yes (Complete line item 2 a.)  No (Skip to Section D)

2a. What is the hardness level of the receiving water? **83.3** mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? **2** List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents?  YES  NO

2 a. if yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

| 3.A. Monitored Outfall Name* | 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)] | 3.C. No Discharge?       |
|------------------------------|---|--------------------------|
| OUTFALL #01                  | OUTFALL #02   | <input type="checkbox"/> |
|                              |   | <input type="checkbox"/> |

\*Reference attachment if additional space needed to complete the table.



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**E. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Permit Tracking Number: MA|R0|5D|170|

2. Nature of Discharge:  Rainfall (Complete line items 2.a., 2.b., & 2.c.)  Snowmelt

2.a. Duration of the rainfall event (hours): 0|4      2.b. Rainfall amount (inches): 0|5      2.c. Time since previous measurable storm event (days): 3

| 3.a. Outfall Name | 3.b. Monitoring Type (QBM, ELG, S/T, I, O)* | 3.c. Parameter  | 3.d. Quality or Concentration | 3.e. Units | 3.f. Results Description | 3.g. Collection Date | 3.h. Exceedance due to natural background pollutant levels | 3.i. No further pollutant reductions achievable? |
|-------------------|---|-----------------|-------------------------------|------------|--------------------------|----------------------|--|--|
| OUTFALL #01       | QBM   | Silver          | 0.012                         | mg/L       | BM = 0.0030 mg/L         | 7/18/2012            | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   | Total Magnesium | 8.58                          | mg/L       | BM = 0.064 mg/L          | 7/18/2012            | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   | COD             | 380                           | mg/L       | BM = 120 mg/L            | 7/18/2012            | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   | Total Cyanide   | 0.02                          | mg/L       | BM = 0.022 mg/L          | 7/18/2012            | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   |                 |                               |            |                          |                      | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   |                 |                               |            |                          |                      | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   |                 |                               |            |                          |                      | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   |                 |                               |            |                          |                      | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   |                 |                               |            |                          |                      | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   |                 |                               |            |                          |                      | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |
|                   |   |                 |                               |            |                          |                      | <input type="checkbox"/>                                   | <input type="checkbox"/>                         |

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

**See Attachment A**

**F. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Donald A. Smith, P.E.

Signature of Principal Executive Officer or Authorized Agent:  Date: 8/13/12

Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent

Email of Principal Executive Officer or Authorized Agent: dona|ld.|sm|ith@sa|fety|-k|le|en|.co|m



## Attachment A

### Benchmark Exceedances

Due to the benchmark exceedances of the average of the first four quarterly monitoring events for Total Magnesium, Chemical Oxygen Demand (COD), Total Cyanide, and Total Silver, additional quarterly benchmark monitoring has been and will continue to be conducted for these parameters until the average of four quarters of benchmark monitoring does not exceed the benchmark values.

A sample was collected at Outfall #1 on July 18, 2012, which is the sixth quarterly sampling event of additional benchmark exceedance monitoring. The July 18, 2012 sample exceeded the Sector K Benchmark Monitoring Concentration for Total Magnesium, COD, and Total Silver.

Based on the results of this quarterly sampling event and the previous quarterly sampling events, quarterly monitoring must be continued for Total Magnesium for a minimum of four additional quarters, for COD for a minimum of two additional quarters, Total Cyanide for a minimum of one additional quarter, and for Total Silver for a minimum of three additional quarters.

Magnesium exceedances at this site are believed to be a result of natural background levels; magnesium is the eighth most abundant compound in the earth's crust, the magnesium content of the receiving water was found to be 5.37 mg/L when it was tested for hardness in 2009, and MassDEP recognizes that magnesium is the third most abundant naturally-occurring material present in Massachusetts soil (see *Technical Update: Background Levels of Polycyclic Aromatic Hydrocarbons and Metals in Soil*, MassDEP, 2002). Therefore, the facility is currently assessing potential natural background sources that may be contributing to elevated magnesium concentrations in stormwater runoff at the site.

